STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Jo should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? statement PHYSICIAN 2. FULL NAME (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH . 193 (Month) (Oay) (Year) PERMANEN CT 5e. If married, widowed, or divorced HUSBANO of ERTIFY, Thet I ettended deceased from (or) WIFE of M certificate. 6. DATE OF BIRTH (month, dev, and year) 7. AGE **Oeys** properi Yeers Months If LESS than I day. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance min. Oate of enset 8. Trade, profession, or perticular kind of work done, es SPtNNER, CUPATION of SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which should work was done, es SILK MILL SAW MILL, BANK, etc ... on 10. Dato deceased lest worked at 11. Totel time (years)
spent in this this occupation (month end that year) .... occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (State or country) carefully Whet test confirmed diegnosis? Wes there en eutopsy?\_\_\_\_\_ D MOTHER important. 15. MAIOEN NAME 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?...... Dete of injury....., 16. BIRTHPLACE (city or town DEATH (Stete or country Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury LION 24. Wes disease or injury in eny way releted to occupation of 19. UNOERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	0.09mi	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 4 1891	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. B.	July 5,1927	Peritonitis	3 days ago
		1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

o'N

	PLACE OF DEATH
	County Carroll  Clage or Cit Janes town (No.
	2FULL NAME Miss addie R.
	PERSONAL AND STATISTICAL PARTICULARS
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OIVORCED (Write the word)
6 [	(Month) (Day) (Year)
7 /	37 yrs. 11 mos. 28 ds or min.
J. P. Y. P.	(a) Trade, profession or carticular kind of work  b) General nature of industry  business, or establishment in  which employed or (employer)
	BIRTHPLACE (State or country)
NTS	11 BIRTHPLACE OF FATHER (State or ountry)
PARE	13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME (State or country)  MATTIN
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED E
	(Informani John M. Daumgardner (Address) Danier Sun mal

### STATE OF MARYLAND CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) CERTIFICATE OF DEATH 16 DATE OF DEATH That I attended the deceased and that death occured on the date stated above Contributory Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death. State ..... yrs ..... Where was disease contracted, if not at place of death? Former or usual residence. OR REMOVAL DATE OF BURIA 20 MND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm luborer, Luborer—Cout mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the age. For many occupations a single word or term on fulness of various pursuits can be known: The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Sernant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Deal-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farm or or Planter, eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, (b) Automobile engineer. or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. Architect, Locomolive engineer, factory. The material But in many (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia")

tetunus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PJERPERAL septicacmia," "PUERPERAL peritonitis," etc. stited unless important. Example: Measles (disease (Recommendations on statement of cause of death ean be ascertained as the cause. Always qualify all atie), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition, causing death), 29 ds.; Bronchopheumonia (secondary), (secondary or intercurrent) affection need not be as fracture of skull, and consequences (e.g., scpsis accident; Revolver wound of head-homicide; Poisoned by unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, Chronic valvular heart disease; " Old Age, ete. The contributory " "Shock,"

If this certificate is looked over thoroughly and all questions senswered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE O		CERTIFICATE OF DEATH	970
1	. PLACE OF DEATH	(107.	-0/	. /
	County Carroll	7-	Registration Dist. No.	4
	Village or City Dy Ren	will Mit	not fitting feeld the front	ilward
	Length of residence in city or town where d	2/	death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in 0.5. if of foreign birth?  yrs.  mo	
2	. FULL NAME TREE	ce & Rea	ud	
1	(a) Residence: No. USD	luciusler	Notal Ward.	Canada
200000	PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and  MEDICAL CERTIFICATE OF DEATH	Diate
1.1	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 2	. 193 / .
5a.	If marriad, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day)  22 I HEREBY CERTIFY, That I ettended	(Yeer)
6.	DATE OF BIRTH (month, day, and year)	ug. 25/864	I last saw here alive on Love 9, 1900	; deeth is sald
7	AGE Years Months	Deys If LESS than 1 day, hrs.	to heve occurred on the data steted above, at	
NOI	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	nous-	a la sucha li su comercia	Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		The fact that the same to the	
000	O. Data deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) (Stete or country)	regland	Other Coatributory Causes of importence:	1006
ER	13. NAME Edward &	hipley	Lewill Dementer	1926
FATH	14. BIRTHPLACE (city or town). ML	scylins	Neme of operation Dete of	
-	(Stete or country)	\$ p	What test confirmed diegnosis? Wes there an e	utopsy?
MOTHER	15. MAIDEN NAME Trudence	L. Jarrich	23. If deeth was due to external causas (VIOLENCE) fill in elso the following	
MO	16. BIRTHPLACE (city or town) (Stete or country)	au faust	Accident, suicide, or homicide? Date of Injury  Whera did Injury occur?(Specify city or town, county and State	
17.	INFORMANT Applan (Address) Susse	Ele ma	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	ČE.
18.	BURIAL CREMATION, DE REMOVAL	P. Date 7107 5 193/	Manner of injury	
19.	UNDERTAKER Fasham (Address) History	inster, Med	24. Wes disease or injury in any way related to occupation of decessed?	
20.	FILED LOV. 3 , 1931 CH	Registrar.	(Signed) Majel, M. Cles (Address) Le Reavelle M.	M. D.
	If more	blanks are needed address State Peristra	24: N. Charles Serves Bellimore Pounting 71 S No.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		the state of the s	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1 PLACE OF PRATE	ax
1. PLACE OF DEATH	74
County Carrolf	Registration Dist. No.
Village or City Carland Mills	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred.	
2. FULL NAME Shraed 12 Decre	Sh
(a) Residence: Not lastand Trulls (Usual place of abode)	O St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month), (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of ara & Becraff	1 HEREBY CERTIFY. That I ettended decessed from 1931, to how. 13 , 193
6. DATE OF BIRTH (month, day, and year)	I last saw hard alive on hard ; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, a
ormin.	wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER ROOKKEPER atc	0. 600
49. Industry or business in which	Chercas nunterhange hor
work was dona, as SILK MILL.	
SAW MILL, BANK, atc	
maryland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) // drug	
14. BIRTHPLACE (city or town) Mary lafter	
4. BIRTHPLACE (city or town) // (Stata or country)	Name of operation
	What test confirmad diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If daeth wes due to externel ceuses (ViOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of injury, 19
(State ar country)	Where dld injury occur?(Specify city or town, county and State)
17. INFORMANT TORY Secret A mind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Data Data 1931	Natura of injury
19. UNDERTAKER PEER of Source (Addrass) Sussesselle Than	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILEO MAY 13 (19.3) Offany Hear Registrar.	(Signed) M. [ (Addrass) Andrew A. [ (Addrass
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

1. PLACE OF DEATH	(-40)		
County Carroll,		Registration Dist. No.	
Village or City Mt. ans	1 = P.F.D.	No. St	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where	eath occurred yrs mos		sds.
2. FULL NAME Transie	Wilbur Horna	o Byers,	
(a) Residence: No.		St. Ward.	
	(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7200. = 19 = (Month) (Day)	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	V	22. HEREBY CERTIFY. That I attended d	leceased from
		- M-	, 19.0 /
6. DATE OF BIRTH (month, day, and year) 19			; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
10 -	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular	11 0-1-0	B ) D	-111-7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	of denose	Macule (1) Apriliances les	11/16
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The state of the s	<i>V V</i>	
SAW MILL, BANK, etc	11. Total tima (years)		
o this occupation (month and year)	spent in this		
,	00.100	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	flund.	-	
13. NAME Transis al	Byers.		
E		Name of operation Date of	
4 14. BIRTHPLACE (city or town) (Stata or country)	suland.	What test confirmed diagnosis? Was there an at	utonev?
11/10	The Hand		
15. MAIDEN NAME / I da	14.780000.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	gryland	Accident, sulcide, or homicida? Oata ef Injury	, 13
(State of country)	h .	Where did Injury occur? (Specify city or town, county and State	
17. INFORMANT James a (Address) 9. 4. D. Wet, au	rall mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	1 7	Manner of injury	
Place Jaylor aville Oce	Spate 100 22 7193/	Natura of injury	
1 m. Was	H.	24. Was diseasa ar injury in any way related to occupation of deceased?	no
19. UNDERTAKEN (Address) Windfield	med	If so, specify	
May 2 ( ) 1/2 / 1/2	Aller Nort	(Signed) Z. Co. Milety	M. D
20. FILED	Registrar.	(Address) new Windoor Jud	1
II .	***************************************		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

stated EXACTLY. PHYSICIANS should state Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RECORD. properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINEY

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF DEATH	(108)	12	973
	County Carroll		Registration Dist. No	14
	Village or City Systemalle	L/M	No. Sprungfuld State Harriaf St., death occurred in a hospital or institution, give its NAME interest and	Ward
	Length of residence in city or town where death of	occurred/yrs,tamos	s. 2 ds. How long in U.S. if of foreign birth? yrs m	10s ds.
	(a) Residence: No. Springful	State Hospita (Usual place of abode)	& St., Ward. Baltimore M. If nonresident give eity of town and	) J I State
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
de	male white	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  Svenler 25  (Month) (Day)	, 193 J (Yaar)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	in	22. I HEREBY CERTIFY, That I attended	
6.	DATE OF BIRTH (month, day, end year)	iour.	flast sawh or alive on Movember 25 , 1931	
B	AGE Years Months	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
PATION	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL,	ne	Lobar Preumonia.	Nw-12.3
OCCUPA	SAW MILL, BANK, etc  1D. Data daceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12.	BIRTHPLACE (city or town) Polacus (State or country)	ve	Other Contributory Causes of Importance:  Dementia Praecry	1921
ER	13. NAME unknown			-
FATH	14. BIRTHPLACE (city or town)	run	Name of operation Date of	1 7/2
HER	15. MAIDEN NAME UNKnown		What test confirmed diagnosis?	
MOTH	16. BIRTHPLACE (city or town)	own	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT About of rec	oids	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVAL Piace Dallo Da	1e 20.26,1931	Mannar of injury	
19.	UNDERTAKER Margaret	J. Lynn	24. Was disease or injury in any way related to occupetion of deceased?	10 -
20,	FILED M. 26, 1931 ONA	ref Weer Registrar.	(Signed) M. Urama Beyer (Address) Syksirlle, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 rocels ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
J. J. X.			A
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF			logia Co	natorium	STATE OF MARYL CERTIFICATE OF D	EATH
			I anoted	Branch)	Registration Dist. No	/ ±	
Vill	lage or City He	1747	(No. )	St.: Ward) (if death a hospital tion, give it stead of number.)		ai or in e its NA! of street	
=	PERSONAL	AND STATIST	ICAL PARTIC	MEDICAL CERTIFICATE OF DEATH			
		colored	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	Married	16 DATE OF DEA	TH NOV., 9, 1931 (Month) (Day)	
6 0	DATE OF BIRTH	Sept.,	27, 1893	, 1(Year)	Sept., 14	BY CERTIFY, That I attended the	deceased 1931,
7 A		3 yrs. 1	mos. 12 d	I day hrs.	and that death oc The CAUSE OF Di	curred on the date stated above, at	2.45
(a	a) Trade, professionarticular kind of Soneral nature	work	House	ewife	Pul	monary Tuberculosi:	5
bi	usiness, or establis hich employed or	hment in		# 00 00 00 <u>000</u>		(Durstion) Oyrs 7	mos. O
9 B	(State or country)	Maryl	and		Contributory Secondary	(Suration)	/ mos
	10 NAME OF FATHER	Saul	Claggett		(Signed)	2 (Address) Henryton,	Md.
ENTS	OF FATHER (State or count	7	and		*State the Violent Causes,	Disease Causing Death, or, in catalog of Injury and lal or Homicidal.	
PAR	12 MAIDEN NAM OF MOTHER		Green			RESIDENCE (For Hospitals, Instit	utions,
	13 BIRTHPLACE OF MOTHER (State or County	y) Maryla	and		At place of death yrs]	In the State 38yrs.	
14 1	(Informant)	JE TO THE BEST	OF MY KNOW!	Leve,	Where was disease of not at place of of Former or usual residence.	2 Penna., Ave., Ra	
15	(Address)	4	Maryla (	nd-	Baltinor	a aty Mongre 11	14.1
	Filed 11/9/3	l 192 77	v Local	Registrar	Samo la	Henrily 5781	Budde

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No.

(if death occurred in a hospital or institu-tion, give its NAME in-

stead of street and

at I attended the deceased from

deaths from (2) Whether

Hospitals, Institutions, Trans-

DATE OF BURIAL

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more proving from etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer, the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery: Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropey," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

17 more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No 1.

BINDING

RESERVED

MARGIN

(Approved by U. S. Causus and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as 11 school or 11 home. Care should be taken work, or .11 Home, and children, not galufully emtired ( 1113.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered a Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc. without more precise specification as Day Whatever, write None, laborer, Farm laborer. Laborer-Coal mine, etc. Wom-Never return "laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement (a) Foremen. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclusirial employments, it is neces-Civil engineer. Stationary premen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various parsuits can be known. The quesenpation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation -Precise statement of oc For many occupations a single word or term on The material

Ease cates of l'ause of Death—Name, first, the bis-Ease cates de death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal of fever (the only definite synonym is "Epidemic cerebrosspinal meningitis"); Diphih. ria (avoid use of "Croup"); V Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Phenimonia").

> ment of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain—accident: Revolver wound of head—homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascenained as the cause. Always qualify all "Uruemia," "Wesknese," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions." symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid—probably suicide. Examples: Accidental decorning; Struck by railway "Puerperal septicaemia." Puerperal peritonitis," disenses resulting from childbirth or misearriage as "Dropsy," "Exhaustion." "Heart failure." causing death). 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart discuse; of "contributory." (Recommendations on state-"Debility" ("Congenital," "Senile," etc.), Example: Measles "Апастія" "Coma," "Соп-"Haemor-(disease (second-(merely

If this certificate is 10-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMA WRITE PL

IN ACE OF DEATH

	TEACE OF DEATH		STATE OF MARTLAND		
	County Carroll	***************************************	(23)	CERTIFICATE OF DEATH	
		Maryland Tube:	rculosis S	anator kumistration Dist. No. 74	
Vil	Henryton,	Md. (No. Colored	Branch	St: Ward) (If death occurred in a hospital or institu-	
		erine Cook	tion, give its NAM		
==	PERSONAL AND STATIS		1	DICAL CERTIFICATE OF DEATH	
	SEX 4 COLOR OR RACI	E SINGLE. Widow WIDOWED. OR DIVORCED	16 DATE OF DEA	Most 10 1021	
F.	emale   Colored	(Write the word)	***************************************	(Month) (Year) (Year)	
6 [	April 1,	1905	10/26/31	EBY CERTIFY, That I attemded the deceased from	
	(Mont	(Day) (Year)	that I last saw h	er Nov., 19, 1931,192	
7 A	AGE	If LESS than I dayhrs.	and that death o	occurred on the date stated above, at 2.35 AM	
	7.5 yrs. /	mos. Ods. or min.?	Pulmonar	y Tuberculosis	
() b	orticular kind of work		Contributory Secondary	(Duration) 0 7 18 de.	
	10 NAME OF	Watkins	(Signed)	May Colle M. D.	
ENTS	OF FATHER (State or country)  Vir	ginia	*State the Violent Causes	(Address) Henryton, Md.  Disease Causing Death, or, in deaths from the state (1) Means of lajury and (2) Whether	
ARE	of Mother Elizabe	eth Tomlin	18 LENGTH OF	idal or Homicidal.  RESIDENCE (For Hospitals, Institutions, Trans-	
	13 BIRTHPLACE OF MOTHER (State or Country) Vir	ginia	At place Oyrs O	In the 26 7 mos 18 ds.	
14	THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE		contracted Baltimore, Md.	
	(Informant)	Wheile.	dadar residence	10 Mosher St., Balto., Md.	
	(Address) Henryton		MT BIA	n Comotone MSU. 23. 193	
15	Filed 11/19/31 192	all moils.	20 UNDERTAKER	ADDRESS 322	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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"Inanition," "Marasmus," "Old Age," "Shock,"
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF MARYLA	AND-	CERTIFICATE OF DEATH 12917
1. PLACE OF DEATH			(59)
County Carroll			Registration Dist. No. 28
Village or City Minus	ield = P.V	F.D. (1)	Hondlessa Med. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when	death occurredyrs.	mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Bette	Lon 6	siaso	rll
(a) Residence: No.			St., Ward.
	(Usual place of abode		If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, W OR DIVORCED (write		21. DATE OF DEATH    193   (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	931-70-29	-	I last saw h salive on Nor 121 , 1931; death is said
7. AGE Years Months	Days If I day	LESS than	to have occurred on the date stated above, at U.3 .m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	or	min.	were as follows:
SAWYER, BOOKKEEPER, etc.	act work		Car sarper ( ) ///our
work was done, as SILK MILL, SAW MILL, BANK, etc.	1		
10. Date deceased last worked at this occupation (month and year)	11. Total time (yea spant in this occupation	1(2) 2	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 77.			Diffel Courinatory Causes of Importance.
	1. 10		
13. NAME JOSEPE & . A	bussoll.		
14. BIRTHPLACE (city or town)	- le D		Name of operation Date of
(State of Country)	1/1/1/1/1		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sheel	prepeller,		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	ranceland	ø	Accident, sulcide, or homicide? Date of injury, 19
P 71	2:1 - 00		Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addigos D) Rood	in mil		Specify whether injury occurred in Hyddstat, in nome, or in Public Place,
18. BURIAL, CREMATION, OR REMDVAL Place Design Communication of the comm	ty Date nov = 2	= 19=1/	Manner of injury
19. UNDERTAKER 6.M.M	altz.		24. Was disease er injury in any way related to occupation of deceased?
(Address) Much Se	a street.		If so, specify
20. FILED 1001 2 , 1931 6	In Farm	Registrar.	(Signed) L. L. L. L. L. M. D. M. D. (Address) rew windsor md,
If mo	re blanks are needed, address S	tate Registrar	2411 N. Charles Street Baltimore, Requesting 7), S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 200			

	STATE OF MARYLAND	CERTIFICATE OF DEATH	428	
1	PLACE OF DEATH			
	County Clytall	Degistration Dist No.	4	
	Village or City Sy Revelle Ma	No paring kela slale 8 ste	Kestas	
16	Length of residence in city or town where death occurred	death occurred in a hospital or insultation, give its NAME instead of street and a	number) os ds.	
2	FULL NAME ASSOCIATION ALLS	of mt. Lake Park		
	(a) Residence: No species Steels XI	att. Navadelal Se Restill	while	
pletoner	(Usual place of abode)	If nonresident give city or town and State		
3 5	PERSONAL AND STATISTICAL PARTICULARS  EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		
80	OR DIVORCED (write the word)	Hov. a	, 193	
5a.	If married, widowed, or divorced	(Month) (Day)	(Year)"	
	HUSBAND of Cluxurn. A terry	22. HEREBY CERTIFY. That I attended		
	12 11Ain	I last saw het alive on 257, 19.3/	19.19/	
7. /	DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than	to have occurred on the date stated above, and I Am,	; death is sald	
	7 3 3 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were 25 tollows:	,	
z	8. Trade, profession, or particular	were by fundws.	Date of onset	
PATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Veneral alteriocelevis	1927	
	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
occu	10. Date deceased last worked at this occupation (month and spent in this			
	year) spent in this occupation	Other Coutributory Causes of importance:		
12.	BIRTHPLACE (city or town) Chickey ware	Dishelis	1929	
or l	(State or country)			
THER	13. NAME Jaher Marchell.			
FAT	14. BIRTHPLACE (city or town)	Name of operation Date of		
HER	15. MAIDEN NAME HAUSS ROCKES	What test confirmed diagnosis?		
MOTH	16. BIRTHPLACE (city or town) Percentile	Accident, suicide, or homicide? Date of injury		
Σ	(State or country)	Where did injury occur?		
17.	INFORMANT Anopulal Cecordo -	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.	
10	BURIAL, CREMATION OR REMOVAL			
13	markland Hith Date Nor 4 1931	Manner of injury		
	Mees Land	24. Was disease or injury in any way related to occupation of deceased?	110	
19.	(Address) Subservelle M.L.	If so, specify		
20	FILED Mor 2, 1931 CHarry Men	(Signed) Mayd M. Tolo	M. D	
20.	Registrar.	(Address) Ly Everille Ma		
	If more blanks are needed address State Registrar	TARRED Charles Course Balting Day 971 C No. 7		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death and r of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	4 1991	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	TAAY.	July 5,1927	Peritonitis	3 days ago
BURI	PAH V S			
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1003	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7/
County 6 arracle	Registration Dist. No.
Village or City July Community (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town whare death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia Chin Coci	remode.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // /6 , 198 / (Year)
(or) WHEAT Les. a. Bekennede	22.   HEREBY CERTIFY. That I attended deceased from   1/- 6 - 193/. to   1/- 6 - 193/
6. DATE OF BIRTH (month, day, and year) May 13, 1852	l last saw h aliva on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at 9 Pm.
0 - 0 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Houseworks SAWYER, BOOKKEPER, atc	Lotor Paremones
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·
10. Data deceased last worked et this occupation (month and year) cocupation	
12. BIRTHPLACE (city or town) 6 avrall 60.  (State or country)	Other Contributory Causes of importance:
13. NAME James Reaver	
14. BIRTHPLACE (Sity or town) Carrall Co.	Name of oparation Dete of
15. MAIDEN NAME Sarah ann Eckarl	23. If death was due to external causes (VIDL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)(Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT USE E. Eckenrode  (Address) Uman Brilge and R.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
to BURIAL CREMATION, OR REMOVAL  A GOOD TO THE CONTROL OF THE PARTY OF	Manner of Injury
19. UNDERTAKER 600 pina VSand (Address) Janestawn, Md.	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED 11/18 , 1938 margaret Englan (Registrar.	(Signed) H. Legy M. D.  (Address) Lleusin Bright Md.
If more blanks are needed, address State Registrar	DATE N Charles Street Relaimone Properties T. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURIAU TO	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The Land State of the State of			

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	certificate.
-WRITE PLAINLY, WITH UNFADING INK-T	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back of certificate.

1 PLACE OF PEATH	CERTIFICATE OF DEATH 12980
I. PLACE OF DEATH	16000
County To avall	Registration Dist. No. 7 /
Village or City hear Univitaria	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAMEMIS Surie aral To	cker
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // 29 1983 /
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of  Olambed St. Responses	(Mohth) (Day) (Yéar)  22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 9, 1870	1   1   2   6   193/, to Nov 29, 193/   1   1   1   1   1   1   1   1   1
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 950 /2m.
61 5 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral heworrhage Dite of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Q
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME (Sentin S. Hater	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME (Sarbona 6. algue	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Charles S. Esper (Address) Simond, ma.	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Place Date Doc 2,1931	Manner of Injury
19. UNDERTAKER & O Susa (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Dec 2, 1931 Margant R. Englar	If so, specify  (Signed)  M. D.
Registrar.	(Address) Menon Bridge Uld.
15 more blanks are needed, address Slate Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II ·	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 5 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnterilis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF	MARYL	AND-CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	F WARTLAND	12981
County Carroll		Registration Dist. No. 83
Village of City Burnet	£.,	NoSt,Ward
Length of residence in city or town where o	leath occurred yrsgm	os. ds. How long In U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Mary	dizabeth Tas	m,
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200. = 11 = .193/(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	931-8-30	I last saw her alive on (how ) 1 1931; death is said
7. AGE Years Months	Days If LESS than 1 day, hr	THE I RIVER AS CAUGE OF BEATH and related dualed of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	) 01	were astronows:  Oate of onset  Oate of onset
Industry or business in which		
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  Date decessed last worked at this occupation (month end yeer)	11. Total time (years) spant in this occupetion	Sastro-enteretis. Culs B.
1 0 1001)	oesupetion	Dther Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	yland.	
13. NAME ( TAN) M.   14. BIRTHPLACE (city or town)   14. City or town)   15. City or town)   15. City or town   15. City or tow	Tanor,	
14. BIRTHPLACE (city or town)		Namo of operation Date of
(State of Country)	My Land,	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Author  16. BIRTHPLACE (city or town) - 700	Just,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	mar for D	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Ly cour,	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT O 300 Miles	Come, rul,	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL		Manner of injury
Place Othersen Och	Gogte 120 12,193	Nature of injury
19. UNDERTAKER 6. M. Waltz.  (Address) How Lived I med.		24. Was disease or injury in any way related to occupation of decoased?
20. FILED NOV 12 . 1931 Aug	a M. Hewett	(Signed) Al L. O. Chrisley M. D. (Address) Syffeswill)
If most	blanks are needed address State Revistry	17. 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
17			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH 1000 Jo pluods Registration Dist. No. Village or City (If death occurred in a horbital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Every PHYSICIANS Length of rasidence in city or town where deeth occurred statement 2. FULL NAME (a) Residence: No. RECORD (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (swrite tha word) CTL assified 5a. If married, widowed, or divorced HUSBAND of Thet I ettended deceased from (or) WIFE of × 6. DATE OF BIRTH (month, day, end year Clean B certificate 7. AGE Years Months If LESS than to have occurred on the date stated ebova, at S proper Days stated t day, .hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: Date of enset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. be Jo 9. Industry or business in which may back plnods work was dona, es SILK MILL, SAW MILL, BANK, atc.... 10. Date deceased last worked at no 11. Totat time (yeers) this occupation (month end spant in this occupation ... instructions UNFADING 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER See 14. BIRTHPLACE (city or town) ain (State or country What test confirmed diegnosis?\_ be carefully Was there an eutopsy?\_\_\_\_\_ OTHER IS. MAIDEN NAME important 23. If death was due to externel ceuses (VIDLENCE) filt in elso the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town DEATH (State or country Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) 18. BURIAL Manner of injury CAUSE mation Nature of injury TION 24. Was disease or injury in any way related to occupetion of deceased? 19. UNDERTAKER If so, spacify Z Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUBLEAU 4. 10	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			3000

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT BINDING WITH UNFADING INK--THIS IS A PERM. MARGIN RESERVED FOR WRITE PL

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carroll	53)
WITHIN COMPORATE LIMITS OF	Registration Dist. No.
Village or City Westminsterno. 6	Ward)  (If death occurred in a hospital or institu- tien, give its NAME In- stead of street and number.)
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH //- 2/- , 1923/
B DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
may 2 , 1857	11-14-31 192 10 11-21-31, 192
(Month) (Day) (Year)	that I last saw h alive on 11-21-31, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 4:38 4, m,
74 yrs. 6 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
	Carcinoma of bladder
(a) Trade, profession or	***************************************
particular kind of work  (b) General nature of industry	Mys cardilis
business, or establishment in	(Duration) Jyrs mos ds.
which employed or (employer)	Contributory Court dilatation of hand
(State or country) Maruland	Secondary
10 NAME OF	(Duration) yrs mos de.
FATHER John Wesler Barlar	(Signed) M. D. // -21-192 (Address) Wishingth had
11 BIRTHPLACE	
OF FATHER  (State or country) Wareyland  12 MAIDEN NAME & A	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clasheth Bowers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country) Mary Lund	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Stewart Mr. Friggell	usual residence
(Address) Westmenster Ind	Weshmund DATE OF BURIAL  Weshmund Nov 24, 1931
Filed Nov 22 1931 CRay Fogle	20 UNDERTAKER ADDRESS  ADDRESS  Weslowington
wip 0	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, But in many Grocery;

Streement of Cause of Death—Name, first, the DISEA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Heart failure," "Laemorrnage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HO MICIDAL. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease; affection need not be Nomenclature

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

m

PLACE OF DEATH	12984 -
County Garroll	66-E)
Village or City Westmans (No.	main
2FULL NAME Dusannish &	3. gus
PERSONAL AND STATISTICAL PARTICULARS	
Jemal While Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF
6 DATE OF BIRTH	17 I
18 (Month) (Day) (Ye	
7 AGE  72 yrs. 1 mos. 28 ds. or n	hrs. The CAUSE
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	- deal
9 BIRTHPLACE (State or country) Mary Land	Contribu Seconda
10 NAME OF FATHER Washington haill	(Signed)
OF FATHER (State or country) Waryland 12 MAIDEN NAME OF MOTHER  V  V  V  V  V  V  V  V  V  V  V  V  V	Violent (Accidental
OF MOTHER Such Wheeler  13 BIRTHPLACE OF MOTHER (State or Country) Mayland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was di
(Informant) W. A. Pichono (Address) Westwenth Ind	Former or usual residence 19 PLACE D
15 Filed Not 24 1931 Filed Registra	20 UNDERT

### STATE OF MARYLAND CERTIFICATE OF DEATH

St.

Registration Dist. No. 7

Ward)	(If death a hospital tion, give i stead of number.)	or ins	titu-

16 DATE OF DEATH	, 19 <b>3</b> /
17 I HEREBY CERTIFY, That I a	(Day) (Year)
/	THE STATE OF THE S
71-	hor 2 2 , 193/
that I last saw h alive on	192.1.,
and that death occurred on the date stat	ed above, at 10 ft. m.
The CAUSE OF DEATH * was as follows:	
Chrone my otas deal	disease.
death was sudden	and week-
peated.	
(Duration)	yrs mos ds.
Contributory Joseph Secondary	A Thyrodism !
	( yrede.
(Signed) thereas he for	Track M. D.
11/24 1921 (Address) Tre	Abrange to be of
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal ur Homicidal.	h, or, in deaths from Injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
ients or Recent Residents)	
At place In to feath yes mos. de. S	he tatede.
Where was disease contracted,	
if not at place of death?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
P:- 1 12 T	nov24, 1931
S isto Cerneting	ADDRESS
HB ambard +Sm	Westmind h

MEDICAL CERTIFICATE OF DEATH

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diohlheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature need not be Measles; disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Carroll	12985 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN TORPORATE LINES OF	Registration Dist. No. 76
Village or City Westmanner	Macn St.: Ward) (if death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. (Widow OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) / 5 (Day) 937 (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE  64 yrs. 11 mos. 14 ds. or min	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory A, My Obsestia Cy-
9 BIRTHPLACE (State or country) maryland 10 NAME OF FATHER Robert 7, shifler	(Signed) Shuther Jak M. I
OF FATHER (State or country) Mary Revend 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lancisa mathias  13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosd  Where was disease contracted,
(Informant) Frank Hammond	if not at place of dea.h?
(Address) 788 Wash Block 15 Filed Nov. 16 1931 Ray Hogland	Shrengfield certy Two 17, 1931 20 ANDERTAKED ADDRESS
Registrar	rar S W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. without more precise specification as Day For persons who have no occupation Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "E:haustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably sweide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be ChronicExample: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING

MARGIN RESERVED

S. No.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related cause of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DFC 3 1931	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 12987

le	2	Registration Dist. No. 70	1
zy t	own	No. St., death occurred in a hospital or institution, give its NAME instead of street an	Ward Ward
vn where		ds. How long in U.S. If of foreign birth?yrs	
1.1.1	supurpu Hem		
ny	(Usual place of abode)	Ward.  If nonresident give city or town a	nd State
ATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (wave the word)	21. DATE OF DEATH / Month) (Day)	(Year)
ar) O	st 31,1879		
onths	Days If LESS than	to have occurred on the date stated above, at 7:556m.	
0	2 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	I Data data d
NER,	Banker	Sacama Lighell North	Date of onant
LL,	***************************************	lynghe glands, and opinal	1929
	11. Total time (years) spant In this occupetion	Secondary auxenia	193/ Bug193/
ar	roll to	Other Contributory Causes of importance:	
- W	00000	Cardeae athema	6 hr
11	(Ra	Nothilute-	1000/06
		Name of operation (Continued diagnosis? Saladata Was there are	75
ne.	C. Levelen	What test confirmed diagnosis? As Fall was there are 23. If death was due to external causes (VIOLENCE) filly in also the following	
	(30.	Accident, sulcide, or homicide? Date of injury  Where did injury occur?	, 19
em	ler meytown rul	(Specify city or town, county and St Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC P	ate) 'LACE,
Hun	Date 25, 1931	Manner of injury	
Ju.	set son	24. Was disease or injury In eny way related to occupation of deceased?	no.
Her	S. Milt	If so, specify (Signed)	
16	Separter Registrar.	(Address) 806 A Fisher ME	
LJ more	vianks are needed, gudress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

(Address)

state

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The same	. //		
11 -120			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

classified back of certificate. properly terms so that It may be DEATH in plain terms so use. ..... ACE supplied. TH UNFADING INK--THIS Every item of information should be carefully CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important. WRITE

FOR

MARGIN RESERVED

1	-	
6	[J. 10]	97
1	111 /	7
	-	6

PLACE OF DEATH

Village or City Henryton.

PERSONAL AND STATISTICAL 4 COLOR OR RACE

Colored

County Carroll

Female

7 AGE

PARENTS

6 DATE OF BIRTH

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY

3I. 192

OF MOTHER 13 BIRTHPLACE OF MOTHER

(Informant)

(a) Trade, profession or particular kind of work...

(b) General nature of industry business, or establishment in which employed or (employer)

Md. Tuberculosis Sanatorium, (Colored Branch)

MARI

OR D

Ho

Marylan

Allie B

Maryland

Lilly D

Marylan

John E. O'Ne

Henryton

12988 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration			74
Registration	Dist.	No.	1 -2

St.: Ward)

(If death occurred in a hospital or institu-

2FULL NAME Elizabeth

Sept. 27, 191

(Month)

Hicks,	stead of street and number.)
ARTICULARS	MEDICAL CERTIFICATE OF DEATH
LE. RIED.Married WED.Married IVORCED the word)	16 DATE OF DEATH NOY. I, 1931. , 192
0. 1.	oct. 30, 193I <sub>192</sub> to Nov. I, 193I <sub>192</sub> that I last saw h. er alive on Oct. 3I, 193I <sub>192</sub>
(Day) (Year)  If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
ısewife	Pulmonary Tuberculosis,
	(Durstion) O yrs. 4 mos. O ds.
d s+lon	Contributory Secondary  (Duration)  (Signed)  (Signed)  (M. D.
itler,	Nov. I, Is31 (Address) Henryton, Md.
i	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
yer,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
1.	At place 0 of death yrs 0 mos 2 ds.  In the 2I yrs I mos 4 ds.  Where was disease contracted, ????
KNOWLEDGE	
eill,	Former or usual residence Upper Marlboro, Md.
, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SUPPLY 3, 1931
O Meel.	Theer & Son Trusteperselle
-11 6444 Davisson	16 W Secretors St. Relto Properties V. S. No. 1.

No oż

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," Haemorrnage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12989

1. PLACE OF DEATH		18.00		
County Carroll			nd Tuberculosis Sant, Dist. No. 74	
Village or City Henryton	, 1 <sup>r</sup> d.	Maryrai	No No St St.	Ward
Length of residence in city or town where	e death occurred	yrs. 3 mos	No. St., r death occurred in a shorpite for institution, give its NAME instead of street and s. 19 ds. How long in U.S. if of foreign birth? 7 yrsm	number)
2. FULL NAME Mary Ho				
(a) Residence: No. 703 St			o st. Md · Ward.	
DEDCEMBER	(Usual place		If nonresident give city or town and	State
PERSONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
Female Colored		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov., 26, 1931 (Month) (Day)	, 198
5a. If married, widowed, or divorced HUSBAND of				(Year)
(or) WIFE of	.,		22. I HEREBY CERTIFY. That I attended Aug., 7, 1931	deceased from
6. DATE OF BIRTH (month, day, and yeer)	arch 11.	1912	I last saw her alive on Nov., 26, 1931,	, 13
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 6 • 45 mA . M .	-; death is said
19 8	15	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	7 7 - 7	1 01	were as follows: Pulmonary Tuberculosis	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Scholar			Vine
9. Industry or business in which work was done, as SILK MILL,	_			1931
SAW MILL, BANK, etc	II. Total ti	ime (years)	-	
this occupation (month and year)	Sp3	ntin this 👄		(5 mos
12. BIRTHPLACE (city or town) Baltimore, Md.		Other Contributory Couses of importance:		
(State or country)				
₩ 13. NAME George Hodge	es			
14. BIRTHPLACE (city or town) Nor	th Carol	ina	Name of operation Date of	
(State of country)			What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Jane Sm			23. If death was due to external causes (VIOLENCE) fill in also the following	
O 10. BIRTHPLACE (CITY OF TOWN)	th Carol	ina	Accident, suicide, or homicide? Date of injury	_
(State of Country)	0.77 3.7	7	Where did injury occur?	
17. INFORMANT Dr. John E. O'Neill		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.	
(Address) Henryton, 18. BURIAL, CREMATION, OR REMOVAL	na.			
Place Asbury Cem.	Date Dec .	2 19 31	Manner of injury	
	1. 1	/	Nature of Injury	n
19. UNDERTAKER 3	righ	10	24. Was disease or injury in any way related to occupation of deceased?	No:
	Golde 91	as in	(Signed) They GO Men	
20. FILED 11/26/31,19. Then.		Registrar.	(Address) OF Eureston,	ned

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
April 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ofully sunnlied. AGE should be stated ENACTLY. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	-(1)
1. PLACE OF DEATH	300.	7
County Carroll	Registration Dist. No.	-
Village or City Springfield State Hospil	No. Sylver or St., death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
	death occurred in a hospital or institution, give its NAME instead of street and number	) ds
2. FULL NAME anna belle Hohking		
	St. My Ward.	
(a) Residence: No. 250 [ (Usuai place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write, the word)	21. DATE OF DEATH  Movember  (Month)  193	(ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Gophism	22. I HEREBY CERTIFY. That I attended decease October 10 , 1931, to Movember 4, 19	
6. DATE OF BIRTH (month, day, and year) Lecentre 17-1900	I last saw her alive on Mercenter 4 1931; deat	h is sald
7. AGE Years Months Oays tf LESS than 1 day,	to have occurred on the date stated above, at	
30 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. : 11 . 11 . 11 . 11	laum
9. Industry or business in which	City and the second second	atron
work was done, as SILK MtLL, SAW MILL, BANK, etc	71	er
=   Sport in this		days
yeer) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) MINE York State		va.
N ( / 1- 6 / /	Chronic farenchymatoria	670
E 13. NAME Debastian Schneider		mlla.
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of	
	What test confirmed diagnosis?	?
E Mayous Michael	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?	0
State or country)	Where did injury occur?	3
17. INFORMANT Hashifat Alterda Mid	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, to HDME, or in PUBLIC PLACE.	
Place Oate Nov. 6, 19-3/	Manner of injury	
19. UNDERTAKER J. Cowan (Address) Bultimore ma.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILEO MOV 4, 1931 CHarry Weer Registrar.	(Signed) John L. Wilherd (Address) S.S. Italy, Sy heavill, Miles	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 weck ago		
Chronic interstitial neph		1921	Run over by street car	1 week ago		
Cercbral hemorrhage	OFF A MAN	July 5, 1927	Peritonitis	3 days ago		
	BUREAU V.S.	£ .				
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	1923 Gastroenteritis			

PHYSI-

	PLACE OF DEATH	
	County Carroll	
Vil	Village or Citylean Stepmen (No.	82-
	2FULL NAME John	Harvey
	PERSONAL AND STATISTICAL PAI	RTICULARS
3 9	S SEX 4 COLOR OR RACE SINGLE MARRIE WIDOW OR DIV. (Write the	ED. MA
6 0	DATE OF BIRTH	
	(Month) (I	3, 1865 (Year)
7 8	6 6 yrs. 9 mos.	If LESS than I day hrs. or min.?
15°	(a) Trade, profession or particular kind of work  (b) General nature of industry	ne
	business, or establishment in which employed or (employer)	
9 8	BIRTHPLACE (State or country)	1.
-	10 NAME OF PATHER DAVID Thub	bard
RENTS	OF FATHER (State or country)	
PARE	OF MOTHER	Farante
	13 BIRTHPLACE OF MOTHER (State or Country)	nd
14	(Informant) Mu John ) ou	NOWLEDGE
	(Address) My Prot	u fta my

leest STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

Hubbard St.:	Ward)	a hospital	occurred in or institu- ts NAME in- street and
MEDICAL CER	TIFICATE O	F DEATH	
16 DATE OF DEATH	11	20	193/
***************************************	(Month)		
17 1 HEREBY CERTIFY			
192}	1. to 11 -	20	193).
that I last saw h La alive or			
and that death occurred on th	data stand	shove 1/4	55 mm
The CAUSE OF DEATH * was	as follows:		
	,		
Collebral	Hem	nru	ML
( centro - 1			8
			•
	Ouration)	yrs	nosds.
Contributory Secondary		•••••	
(	Duration)	yı8	nosds.
(Signed)	1 10	1 Riv	M. D.
1/-2/- 193/ (Address	e) Men	200	g
*State the Disease Ca Violent Causes, state (1) Accidental, Suicidal or Homicid	using Death, Means of Inj		
18 LENGTH OF RESIDENCE	(For Hospit	als, Institut	tions, Trans-
At place	In the		
of deathyrsmos,ds	. State	yrs	mosds,
Where was disease contracted, if not at place of death?		000000000000000000000000000000000000000	
Former or usual residence			
9 PLACE OF BURIAL OR REA	Vards for		BURIAL
Wt Hope Gun	vor word	11/23	193/_
A HAIDERTAKED		ADDRESS	

If more banks are needed, addre.s itnte Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 syrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature American Medical Association.) tetanus) inay be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, frameworms," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Never report mere symptoms or terminal condior intercurrent) Chronic "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH	2.20
1. PLACE OF DEATH (23)	16:	132
county Carroll.	Registration Dist. No.	4
Village or City Superrelle	No. Manafreed State Hispital St.	Ward
(If Length of residence in city or town whera death occurred	death occurred in a dispital or institution, give its NAME instead of street and nu 29 ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME alexander Jablonovsky	1 - 13. How long in 0.0. If of following mining	
	Backing W	A
(a) Residence: No. 1176 N. Postandway 1 . (Usual place of abode)	St., Ward. If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write this word)  That  Single, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH November 19 \$\frac{4}{2}\$	193 / (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended do	
6. DATE OF BIRTH (month, day, and year) Unk. Unk. 1908	Hast saw ham alive on normale 29 = 1931	death is sald
7. AGE Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 2.05 P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
_ B. Trede.   elession or particular   P		Reference
kind of work done, as SPINNER, Day Lawren  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		angust
10. Date deceased last worked at this occupation (month and lunkary) spent in this occupation occupation	n	1930
12. BIRTHPLACE (city or town) Lunkuryn (State or country) Russia	Other Contributory Causes of importance: Indden death from	
	Prilmonaly Hemorrage.	
13. NAME Dirohos Jablonovsky  14. BIRTHPLACE (city or town)  (State or country)  Russia	Name of operation Date of Date of What test confirmed diagnosis? Phymical + Kalvratory is there an au	Janey? No
15. MAIDEN NAME Reiga Belrman	23. If death was due to external causes (VIOLENCE) fill in also the following:	topsyr
16. BIRTHPLACE (city or town) Luchurum  (State or country)  Research	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Russia	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Mingfield State Lospital Regords)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
18. BUMAL, CREMATION, OR REMOVAL  Detection of the state	Manner of injury	
19. UNDERTAKER Jack Lewis	24. Was disease or injury in any way related to occupation of daceased?	w
20. FILED AV. 29, 1931. A Harry New Registrar.	(Signed) John Norfolk Morris (Address) (SS Mary Rykesvill md.	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	SDU	Example II	
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis   PIIR. AU V	. 3.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

•	D. Every	SICIANS	tatement	1
	T RECOR	Y. PHY	Exact s	
NDING	RMANEN	XACTL	classified.	
FOR BI	IS A PE	stated E	properly	certificate.
3	HIS	pe	pe	Jo.
SEKVI	NK-T1	should	it may	on back
고	NG I	AGE	that	ons
MARGIN RESERVED FOR BINDING	ITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	ully supplied. AGE should be stated EXACTLY. PHYSICIANS	plain terms, so that it may be properly classified. Exact statement	t. See instructions on back of certificate.
-	IT	Illy	pla	

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CERTIFICATE OF 1. PLACE OF DEATH County Carroll Registration Dist. No. Village or City Henryton, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_ yrs. \_\_\_ mos.\_\_ 2. FULL NAME Laura Johnson Harford Co.. Abington. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (rurite the word) Nov., 28 Female Colored (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Johnson That Lattended deceased from 6. DATE OF BIRTH (month, day, and year) July 4. 931 death is seid oon 7. AGE Months Days If LESS than 1 day, \_\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 34 or ..... min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.... Pulmonary OCCUPATION Housewife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ 10. Date deceased last worked et II. Total time (years) this occupation (month end spant In this occupetion \_\_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) Maryland (State or country) William Washington FATHER Pennsylvania 14. BIRTHPLACE (city or town). Name of operation \_\_\_\_ (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME Hynson 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town) (Slate or\_country) Where did injury occur? .... (Specify city or town, county and State) O'Neill Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N.B.—WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in pla	TYON.
Ž,	1	)	

V. S. No. 1

County Carre	le	Registration Dist. No. 70
Village or City Langth of residence In city or town	Janeytown	No. St., W  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos
2. FULL NAME Leave	se Thomas	Lawrence
	(Ysualplace of abode)	St., Ward.  If nonresident give city or town and State
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word	
5a. If married, widowad, or divorced	Ellen Lawrence	22. I HEREBY CERTIFY, That I ettended deceased  No. 14 ,1931, to No. 14 ,193
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mon		I last saw h. San alive on
7. AGE Years Mon	Days If LESS that 1 day, or min.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Treda, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc	R. Darmer	Perebral Heneorlese 11/19
kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 100 Date deceased last worked at this occurrent and		of bose of brain
Date deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town)(State or country)	o ml	Other Contributory Causes of Importance:
13. NAME Jerone	Lawrence	
14. BIRTHPLACE (city or town) (State or country)	ya_	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM Salva	el Daviers	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	/ nd	Accident, suicide, or homicide?
17. INFORMANT MAS 4.	Taner Your su	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 20 1 9 193	Manner of injury
19. UNDERTAKER COSTA	no you	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 175 /6 1937	Mare 8 11/14	If so, specify (Signed)  7. M. Legg

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING

V. S. No. 1

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, B

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16995
County Carroll	Registration Dist. No.
Village or City Sy Kesvelle, Md	· No. St, Ward
Length of residence in city protown where death occurred Hyrs. H mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  15 ds. How long in U.S. if of foreign hirth?mosds.
2. FULL NAME David, Miller	
(a) Residence: No. 30 Hs 01 Donnell	St., Ward. Back, md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH  November 23 72  (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of Gory WIFE of Lucy a. Miller	22. IHEREBY CERTIFY, That I attended deceased from 22. Narch 12 1928 to Nov. 20 1931
6. DATE OF BIRTH (month, day, and year) Och. 31, 1846	Hast saw h im alive on Nov. 23 ,1931; death is said
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, et 2. H.m.
55 0 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL.	Gastrie Corcinoma 1929
SAW MILL, BANK, etc.	
Dato deceased last worked et this occupation (month and 1926 spent in this curve occupation)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Talkemore	11
(State or country)	Throme Myocardins 1931
I unknown	
14. BIRTHPLACE (city or town) Russea (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Caroline Fox	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Caroline For  16. BIRTHPLACE (city or town) Junkerown  (Stete or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Springfiela State Hospital (Address) by Kerville, ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. SYRIAL, CREMATION, OR REMOVAL ANGELLO COLLEGE DATE 25, 1931	Manner of injury
19. UNDERTAKER Silifo Herris (Address) Salvinar ruld,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov. 73, 1931 CHarry Weer Registrar.	(Signed) In Norfolk Morris M.D. (Address) (SSH) By Newell, In a
If more blanks are model allows Seems Design	Al Chalassan Balain Brand Rick

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	1 Q 1 (1928)	Other contributory causes of importance:	1 year
ADDITIONAL SPACE FO	or furth	ER STATEMENTS BY PHYSICIAN	

S. No.

state infor-

Jo

1. PLACE OF DEATH

Village or City.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 (Year) CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 294 What test confirmed diagnosis? ..... Was there an autopsy?... 23. If death was due to external causes (VIOLENCE) fill in also the following: Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SURPLE V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

MARGIN RESERVED FOR BINDING N R WRITE PLAIN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12997
Count Carroll	71
Village or City March woul	Registration Dist. No.
	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME DLAY H MYLLO	osds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: Np.) Manhardy	St Ward.
Usual place of pode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINCLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH Nov 9th 1981 (Yeer)
5a. If married, vidowed, or divorced HUSBAND of (or) WHE	22. I HEREBY CERTIFY, That I attended deceased from
Trace Trace	Nov 326 ,1931 to Nov 9th 1931
6. DATE OF BIRTH (month, day, and yeer) 24, 1890 7. AGE Years Months Oaks Life FSC than	I last saw h alive on/ V V, 19_2/_; death is said
57 1 1 1 day,hrs	to have occurred on the date stated above, at 6.130A_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	Date of oneet
kind of work done, es SPINNER, Sautes	Bardial astrina 1920
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked et this occupation (month and spant in this	
year) occupetion	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(manie Velvular Hent) 1020
	Sisease deakage I 100
13. NAME KUTUS  14. BIRTHPLACE (city dtown)	g -comy value -
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME MANY 6. Sough	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
Clare or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAD MALLO MARKET	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dauss Oate MT . 12,193	Nature of injury
19. UNOERTAKER LOO JUSA TOIN	24. Was disease or injury in any wey related to occupation of deceased?
(Address) only town, and	If so, specify
20. FILED (101) 12/ 12/ 12/ 12/ 12/ 12/ 12/ 12/ 12/ 12/	(Signed) GALLS TUG M. D.  (Address) / Anly Tug M. D.
If more blanks are needed, addrey State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUREAU T.S.	l.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S A PERMANE	HIS IS A PERMANE.	DING INK—THIS IS A PERMANE. AGE should be stated EXACT	TH UNFADING INK-THIS IS A PERMANE. IS supplied. AGE should be stated EXACT	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	HIS 1	DING INK—THIS I	TH UNFADING INK—THIS I	LAINLY, WITH UNFADING INK-THIS I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12998
County Correll	71
	Registration Dist. No. 70
Village or Cityllan Janey Cown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Y. Ohlow	
(a) Residence: No. Janey Coww. Sud	R Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M Widower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1981)
(or) HALLEDOT Selecca Valle	22. HEREBY CERTIFY. That lattended deceased from
May ( 18 4.1	19.5 1, to 19.0 1, 19.0 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 32 Pm.
00 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Keturel SAWYER, BOOKKEEPER, etc	to hover bearing and
9 Industry or business in which	000000000000000000000000000000000000000
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O (10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Carrell Go. Md.	Other Coutributory Causes of importance:
(State or country)	Willet Sclower
13. NAME abraham Ohler	1011
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Bakun	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wargaret Bakun  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT milton a. Ohler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Janestown, rud	
18. BORIAL, CREMATION, OR REMOVAL	Manner of injury
Place any Color Date 10, 1931	Nature of Injury
19. UNDERTAKER COSTUSS Sav	24. Wes disease or injury In any way related to occupation of deceased?
(Address) Dankytown, mil	If so, specify
20. FILED OV. 9 13/ March Wilt Debutes	(Signed) - Blandos M. Benner M. D.
Registrar.	(Address) - Janes true /11d -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.-WRITE PLAI

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

FD	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Carrall	CEDTICICATE OF DEATH
85	
Selection of	Registration Dist. No. 74
2FULL NAME Rosie M. Rink	Ward) (If death occurred a hospital or institution, give its NAME in stead of atreet an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Jenusle While - (Write the word)	[ ]avneutry 20 , 193/
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased fro
October 13 1895	May 9 th 19/3. 10 /10v. 20 , 1921
(Month) (Day) (Year)	that I last saw har alive on Marsauter 20 1931
7 AGE [IfLESS than	and that death occurred on the date stated above, at / P
1 day hrs.	The CAUSE OF DEATH * was as foilows:
B OCCUPATION ds. or min.?	
(a) Trade, profession or Jacture worker	Status Epileplicus
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. / mos. 3 d
9 BIRTHPLACE	Contributory Epilipsy
(State or country) Maryland.	Secondary 29 2 3
10 NAME OF	(Durstion) Dyrs mos di
FATHER Robt, Nuller	(Signed) M. E
M 11 BIRTHPLACE	1/- 2/- 197/ (Address) - Sy Resvelly The
Z (State or country) / Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME  OF MOTHER  A C BYGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Wasseyland	At place / g. yrs. a. mos. // ds. In the State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) State Horpital Records.	Former or usual residence Baltungue mid.
(Address) Sylusville - md.	Soly Cross Quelen Nov. 23, 31
	20 UNDERTAKER Stevens Balt WA
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

1PLACE	OF	DEA	ТН
County CE	arr	oll	)

Filed 11/6/31

13000



20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

## STATE OF MARYLAND CERTIFICATE OF DEATH

r	cul	0	S	i	S	S	an	a	t	0	r	i	um	
	CO	٦	0	יר	69		Pr	2	n	0	h			

Registration Dist. No. 74

			Henryton		Colo	red
illage	OT	City.	Henryton	(No		-

Maryland Tube:

\_St.:\_\_\_\_Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and

	<sup>2</sup> FULL NAME	Cora Rogers						
	PERSONAL AND STATISTICAL PARTICULARS							
3 2	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.							
F	Female Colored WIDOWED. Single (Write the word)							
6	6 DATE OF BIRTH							
	June, 1, 1931/898 1							
7 /	age33y	If LESS than   I dayhrs.						
(a) Trade, profession or particular kind of work Domestic (b) General nature of industry business, or establishment in which employed or (employer)								
9 E	(State or country)	Maryland						
	10 NAME OF FATHER	Nicholas Smith						
RENTS	11 BIRTHPLACE OF FATHER (State or country)	Maryland						
PARE	12 MAIDEN NAME OF MOTHER	Mamie Burgess						
13 BIRTHPLACE OF MOTHER (State or Country) Maryland								
14	THE ABOVE IS TRUE T	O THE BEST OF MY KNOWLEDGE						
	(Informant)	Thu Bleice.						
	(Address)	enryton, Maryland						

number.)
MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH NOV., 6, 1931 , 192 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased from tept., 3, 1931,192 to Nov., 6, 1931,192,
hat I last saw her alive on Nove, 6, 1931, 192, nd that death occurred on the date stated above, at 3, 15 Pm.
The CAUSE OF DEATH * was as follows:
Pulmonary Tuberculosis
(Durstion) 0 yrs 13 mos 0 de.  Contributory Secondary  (Durstion) yrs mos de.
Signed) July Gladress Tungton Well M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
t place 0 yrs 1 mos. 7 ds. In the 33 yrs 5 mos. 5 ds.
Where was disease contracted. Ellicott City, Md.
ormer or Fells Lane, Ellicott City, Md.
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

\*DDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death "(Exhaustion," "Heart lauure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory not be

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CORD WRITE PLAIL WITH UNFADING INK-THIS IS A PERMILENT L 8 No. 1

	WITHIN CORPORATE LIMITS .	Registration Dist. No.
Vil	Property Pestminister (No. 32 West 2FULL NAME Williams a	Roofs St.: Ward)  (If death occ a hospital or tion, give its N stead of aumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Male Mite (Write the word)	16 DATE OF DEATH Coverables 19 , 15 (Month) (Day)
6 1	Tabril 21, 1851	along light, 15" 192   . to
7 /	(Month) (Day) (Year)  AGE  So yrs. 6 mos. 29 ds. or min	and that death occurred on the date stated above, at
1	b) General nature of industry business, or establishment in	(Duration) 5 yrs mos
~ -	BIRTHPLACE (State or country)  Maryland	Contributory Urlessia Coma Secondary (Duration) yre
~ -	10 NAME OF FATHER LAND Rand	Secondary (Duration) yre mos (Signed) Sellingaling
~ -	10 NAME OF FATHER Jall Rack  11 BIRTHPLACE OF FATHER (State or country)  Maryland  Maryland  Maryland	(Signed) (Duration) yrs mos.  (Signed) (Address) (Addres
NTS 6	10 NAME OF FATHER Jall Rappelling (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Julia Micodenses	(Signed) (Duration) yre mos (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths
ARENTS 0 C	10 NAME OF FATHER Jall Rapp  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 BIRTHPLACE OF FATHER (State or country)  14 MAIDEN NAME  15 BIRTHPLACE OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wind Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents)  At place of death yrs mos ds. State yrs mos
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Manyland  14 BIRTHPLACE OF MOTHER (State or Gountry)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Duration) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address)
PARENTS	10 NAME OF FATHER Jall Rack  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Ulia Micodensies  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Gountry)  15 MOTHER (State or Gountry)  16 MOTHER (State or Gountry)  17 Manyland	(Signed) (Duration) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address)

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenum, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion, applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerchros; inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart lanure, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles ;

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PLACE OF DEATH Connall

Cour

## STATE OF MARYLAND CERTIFICATE OF DEATH

uty. Ogtita		******	
	Maryland	Tuberculosis	Sanatorium
		Colored	Branch

Registration Dist. No. 74

	,			J	
Village or City	Henryton,	(No	Colored	Branch	

St.: Ward)

(if death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

Marie Elizabeth Ross <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Married Female Colored OR DIVORCED (Write the word) 6 DATE OF BIRTH July. 1899 (Month) (Day) (Year) 7 AGE IIf LESS than l day hrs. 8 OCCUPATION (a) Trade, profession or Housewife particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) ..... 9 BIRTHPLACE (State or country) Virginia 10 NAME OF FATHER Henry Pennington 11 BIRTHPLACE PARENTS OF FATHER Virginia (State or country) 12 MAIDEN NAME Lula Cheetem OF MOTHER 13 BIRTHPLACE OF MOTHER Virginia (State or Country) THE BEST OF MY KNOWLEDGE

16 DATE OF DEATH NOV 10.	1931 , 192
	(Day)(Year)
17 I HEREBY CERTIFY, That I	
May, 27, 1931 192 to No	
that I last saw her alive on Nove,	
and that death occurred on the date stat	ed above, at De 101 m
The CAUSE OF DEATH * was as follows:	
707	
Pulmonary Tube	rculosis
(Duration)	1 0 0 .
(Duration)	yrsds.
Contributory Secondary	***************************************
	Tre! mos de
	1970
	Melley, M. D.
11/10/3192 (Address) Henr	yton, Md
*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hos	pitais, Institutions, Trens-
ients or Recent Residents)	
At place O yrs 5 mos 4 ds. In t	he 20 yrs 0 mos 0 ds
Where was discess contracted, Baltimeris not at place of death?	ore, Md.
Former or 1311 Madison A	ve., Balto., M
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bolt Mich. Victoria Va	1//4 , 190
20 UMDERTAKER 10 /1	ADDRESS
1 1614/1	12011/21

Henryton

(Informant)

Vanuel 1

If more branke are needed, address State Registrar, 16 W. Seratoga St., Beito., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Heart failure," "Haemorrhage," "Shock," Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13003
county Carrolly	Registration Dist. No.
Village or City Hamplead	No. St, Ward
Length of residence in city or town where death occurred \( \frac{1}{2} \) yrs, \( \frac{1}{2} \) pross	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Mand Elipsalethy /	to,
(a) Residence: No. Thomselvel and Miles	St Ward-
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruile While  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Massie	21. DATE OF DEATH  (Month)  (Yaar)
5a. If married, wildowed, or fivorced (or) WIFE of John Edward Role	22. I HEREBY CERTIFY. That I attended deceased from  You. 6, 1931, to Nov. 13, 1931
6. DATE OF BIRTH (month, day, and year) Mar 27 - 1851	I last saw h Sr alive on Nov. 13, 1991; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8./J.C.m.
70 7 16 1day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER CONSTRUCTION SAWYER, BOOKKEEPER, etc.	Homach Mor 631
9. Industry or business in which work was dona, as SILK MILL,	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. To use of the SAWYER, BOOKKEEPER, etc. To use of the SAWYER, BOOKKEEPER, etc. To use of the SAW MILL, BOOKEEPER, etc. To use of the SAW MILL, BANK, etc. SAW MILL, BANK, etc. 10. Data decaasad last worked at this occupation (month and You 7-3) spant in this year)	
year) oecupation of Mu	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Oarrollow, (State ar country)	Dodenal Meer, Norbil
The state of the s	
13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIOEN NAME Orboral Sirry	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Mulerrown	Accident, sulcide, or homicide?
∑ (Stata on country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colored Cole (Address) Hambalead, Ma	Specify whether injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REVIOUAL	Manner of injury
Place Trumpstead law Oate NV 19, 1931	Nature of Injury
19. UNOERTAKER Officer Officer (Addiss) Hamfister of	24. Was disease or Injury In any way related to occupation of deceased? No.
20, FILEO Stor 15, 103 Lavin S. Leister Registrat.	(Signed) Extra M. D. Scale M.D. M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grovery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	n indexes	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DEATH in plain terms,

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CAUSE OF

-WRITE PLAINEY

r- te	STATE OF MARYLAND	CERTIFICATE OF DEATH 13004
Every item of infor- ICIANS should state tement of OCCUPA.	1. PLACE OF DEATH  County Carroll  Village or City Trugelburg	Registration Dist. No. 7 /
	2. FULL NAME Mus Sarah Mate Sel	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
CORD. PHYSI	(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	St., Ward.  If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH
BINDING PERMANENT RECENT OF CALLY. 1   1   1   2   2   3   3   4   4   5   5   5   5   5   5   5   5	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word)  Sa. It married, widowed, or divorced HUSSAME OR	21. DATE OF DEATH OV. 30 1987 (Month) (Day) (Year)
	6. DATE OF BIRTH (month, day, and year) May 9, 1862	1 HEREBY CERTIFY, That I attended deceased from 1921, to WW 30, 193/
FOK IS A ] stated proper] ertifica	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onse

1 day .....hrs. or ..... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) MOTHER 15. MAIDEN NAMEO 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city of town) Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury (State or counity) Where did injury occur? \_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal eause of death and related eauses of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	eauses of importance:		Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Valtimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	stack of open ps	1 week ago
Chronic interstitial nephritis	1881	Han of by street car	1 week ago
Cerebral hemorrhage	Jed 5,1087	Peritonitie	3 days ago
	16	T S I S I S I S I S I S I S I S I S I S	
Other contributory causes of importance:	1	Otreviontributory causes of importance:	
Gallstones	May 1123	Castroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

PLACE OF DEATH  County Carroll  Maryland Tuberculosis		3 Sanatorium	CERTIFICATI	MARYLAND E OF DEATH Dist. No. 74			
Vil	Village or City Henryton, Md. (No. Colore  2FULL NAME John Wesley Seger			tion, give its N		i) (If death occurred a hospital or instittion, give its NAME I stend of street ar	
	PERSONAL	AND STATIST	ICAL PARTICU	JLARS	MEDIC	AL CERTIFICATE	OF DEATH
		lored	SSINGLE, Windows MARRIED, Windows Divorced (Write the word)		1	Nov., 26, 1	931 , 192
-	• 800 0	IOV., 20,		, 1(Year)	17 I HEREBY 11/23/31 that I last saw h in	CERTIFY, That Lat	1931 192
7 A	65 65	yrs. 0	mos. 6 ds	If LESS than I day hrs. or min.?	The CAUSE OF DEA	rred on the date state TH * was as follows: Tuberculosi	d above, at 1.55 AM
12	which employed o BIRTHPLACE (State or country	n (employer)			Contributory Secondary		1000000
-	10 NAME OF	John Seg			(Signed)	(Duration)	Mary M.
			501		1 1 /	7	1 7. F. 3
SINTS	OF FATHER (State or cou	ntry) Delawai			*State the D	Disease Causing Death	ton, Md., or, In desths from
PARENTS	OF FATHER	ntry) Delawai	ce		*State the D Violent Causes, as Accidental, Suicidal	Disease Causing Death tate (1) Means of I or Homicidal.	
PARENT	OF FATHER (State or course) 12 MAIDEN NACOF MOTHER 13 BIRTHPLACE OF MOTHER (State or Course)	otry) Delawar Sarah Hi Sarah Hi Delawa	ce ickman are		*State the D Violent Causes, si Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place O yrs.	Disease Causing Death of I or Homicidal.  CSIDENCE (For Hosp caidents)  In the Ste	, or, in destha from njury and (2) Whether stale, Institutions, Tran
PARENT	OF FATHER (State or county) 12 MAIDEN NAI OF MOTHER 13 BIRTHPLACE OF MOTHER (State or County) THE ABOVE IS THE	Sarah Hi	ce ickman are	EDGE	*State the D Violent Causes, si Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place O yrs.  Where was disease confit not at place of dea	Disease Causing Death tate (1) Means of I or Homicidal.  SIDENCE (For Hospesidents)	or, In destha from njury and (2) Whether stals, Institutions, Tran
PARENT	OF FATHER (State or course) 12 MAIDEN NACOF MOTHER 13 BIRTHPLACE OF MOTHER (State or Course)	otry) Delawar Sarah Hi Sarah Hi Delawa	ce ickman are	EDGE	*State the D Violent Causes, si Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place O yrs.  Where was disease contif not at place of dea Former or C. 18	Disease Causing Death tate (1) Means of I or Homicidal.  SIDENCE (For Hospesidents)  nos. 3 ds. In the Starkesvill the rkesville, A	or, In destha from njury and (2) Whether stals, Institutions, Tran

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart mure, "Gold Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not

PARENTS

(State or country)

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or Country)

PLACE OF DEATH	
County & averall	
Village or City Wednuste (No.	(13)
2FULL NAME William Jeff	ve in
PERSONAL AND STATISTICAL PARTICULARS	
MARIED, MARRIED, MARRIED, MARRIED, MARRIED, MODOWED (Write the word)	16
6 DATE OF BIRTH  (Month)  (Day)  (Your AGE  (If LESS	ear) th
74 yrs. 10 mos. 20 de. or	hea Th
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	••••
9 BIRTHPLACE (State or country) Maryland	
11 BIRTHPLACE OF FATHER OF FATHER	(Si

13007

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

mel

-16	stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 11- 2/ - 192 31
_	(Month) (Day) (Year)
	I HEREBY CERTIFY, That I attended the decembed from
	that I last saw h sur alive on 11-20-31, 192,
n	and that death occurred on the date stated above, at 12:30 a.m.
8.	The CAUSE OF DEATH * was as follows:
.5	Bronchi promona
	Chonic nighoilis
	Myocarditio
	(Duration) was most of de
-	Contributory Acute delabolica front Secondary
_	(Signed) M. C. Duration) yrs
	(Signed) M. D.
-	(Signed) M. D.  11-21-19231 (Address) Wishmish by
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	Westminster how 25, 1931
	2D UNDERTAKER ADDRESS -
	A LAM . I LAM I WILL AL ALALA.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact imay be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation -Coul mine, etc. Locomolive engineer, 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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WRITE PL

N. 33.-

PLACE OF DEATH	3008 STATE OF MARYLAND
County Courtel	CERTIFICATE OF DEATH
County	(3)
01 -12-11	Registration Dist. No.
Village or fit men (No. 144)	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME / MM	Mm John number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR TO IVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
m 28.93	
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs, mos, ds. or min.?	7 / /
B OCCUPATION (a) Trade, profession or	Com monune
particular kind of work	4 7
(b) General nature of industry business, or establishment in	Tollinz'
which employed or (employer)	(Duration)ds.
9 BIRTHELACE	Contributory
State or country Williams	(Duration) yrs mo ds.
19 NAME OF	(Signed) & H. Mussen M. D.
Thermand. I mills	12.12021
M BIRTHPLACE	(Address)
Z (State of country of Cong	*State the I is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hoppicidal.
E 12 MAJOEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
D. W. BIRTHRIACE	ients r Recent Residents)
OPMOTHER / CO	At place of des' yrsds. In the Stateyrs
(State or formalis)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) / ( / / mull)	usus residence
Character wich.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
(Address)	1117 Mello Com 1 1 1 1 2 1 , 19
15 Filed 1/ /2 9 1931 Lealing D. Med 1	20 UN DERTAKER ADDRÉSS
Registrar	Da Harryler Ponor large
If more banks are needed, address tate Registra	r, 16 W. Saratogo St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken cr," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Ycobor pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., scpsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Chronic ctc. The contributory valvular heort

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Filed 11/18/31 192

## 3009 STATE OF MARYLAND CERTIFICATE OF DEATH

Sanatorium Branch)

Registration	Die	t. No	<u> </u>
Ward	)	(If death	occurred

tion, give its NAME instead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
16 DATE O	F DEATHNOV., 18, 1931 , 192
***************************************	(Month)(Day)(Year)
July,	6, 1931 192 to Nov., 18, 1931
that I last	aw h im alive on Nov., 18, 1931, 192
and that de	ath occurred on the date stated above, at 3.15 Pm
	OF DEATH * was as follows:
70-10	
d-4	Pulmonary Tuberculosis
000000000000000000000000000000000000000	(Durstion) Oyrs 14 mos Od
Contribu Second	
	(Duration) was 1 mos 1 d
(Signed)	(Dyration) yrs / mos./ d
11/18/	31 192 (Address) Henryton, Md.
*State Violent Accidenta	the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether I, Suicidal or Homicidal.
	OF RESIDENCE (For Hospitals, Institutions, Tran Recent Residents)
At place O	yrs. 4 mos. 12 ds. In the State 21 yrs. 9 mos. 20d

Former or usual residence 1517 Bank St., Balto., Md DATE OF BURIAL

10	148	- 01	uns	n
20	UNDERTAKER		0	

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart tallure, Haemoriuage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; etc. The contributory affection need not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT BINDING WITH UNFADING INK--THIS IS A PERM FOR MARGIN RESERVED WRITE PL . No. 1

PLACE OF DEATH County Camoll	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City . Westminster (No	St: Ward)  St: Ward)  St: its No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single Wildowed  (Write the word)	16 DATE OF DEATH , 7923 / (Month) (Day) (Year)
Szh. 1837 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from abus aug. 1 1921. to 1923/, that I last saw har alive on acf. 3/ 1923/,
7 AGE    If LESS than   day hrs.   mos.   7 ds.   or min.?	
(a) Trade, profession or particular kind of work ML  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Gamol Go.  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER	(Duration) 10 yrs. mos ds.  Contributory Secondary  (Duration) yrs. mos de.  (Signed) J.
(State or country) M d.  12 MAIDEN NAME OF MOTHER M / (Nous)  13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) John Lale  (Address) F. D. Westminster Md.  Filed 11/2 1931 Chay Jogle Registras	Former or usual residence
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

. to report specifically the occupations of persons entired 6 yrs). gaged in domestic scrvice for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various putsuits can be known. The quescupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

EA. 5 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably spicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite discase unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on cough; or intercurrent) Chronic Example: Measles (disease " "Coma," "Convulsions, affection etc. The contributory valvular heart Nomenclature need disease; not be etc., of

V. S. No. 1

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	0_ 00	1001		MARYLAND E OF DEATH
	ounty Carroll  or or City rehelield (No.	93-2	Registration	Dist. No.
Villa	8 04	Wagner	St.: Ward	a hospital or inst tion, give its NAME stead of street number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3 51	MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MODIVORCED (Write the word)	16 DATE OF DEATH	Nov.	29, 1921 (Day) (Year
6 D	OCT 8 1865	Mas 1	TERTIFY, That I at	ttended the deceased f
	(Month) (Day) (Year)	that I last saw h M	alive on	230 19E
7 A	66 yrs. 1 mos. 21 ds. or min.?	The CAUSE OF DEATH		ed above, at D
(a	Trade, profession or House Wife	General (	interio - x	llesons
	General nature of industry			,
	siness, or establishment in nich employed or (employer)		(Durstion)	yrsmos
w		Contributory Secondary	(Durstion)	yrs
9 BI	RTHPLACE (State or eountry) Maryland  10 NAME OF FATHER Jeremuch Brown	Contributory Secondary  (Signed)	Durgion)	
9 BI	RTHPLACE (State or country) Maryland	Secondary (Signed)	Durstion Durstion	yis pos www.
9 BI	nich employed or (employer)  RTHPLACE (State or eountry)  10 NAME OF FATHER  OF FATHER  (State or country)  Maryland  OF FATHER  (State or country)  Maryland  12 MAIDEN NAME  OF MOTHER  Maryland  Seven	Secondary (Signed)	(Address)	yrs
WENTS BI	nich employed or (employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Dis Violent Causes, stat Accidental, Suicidal or 18 LENGTH OF RESI ients or Recent Resi At place of death yrs	(Address) MUU case Causing Deatle (1) Means of Homicidal.  DENCE (For Hospidents) sds. St	yis thos those of the state of
PARENTS M	nich employed or (employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 BIRTHPLACE OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)  16 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)	(Address) Must be ase Causing Death e (1) Means of Homicidal.  IDENCE (For Hospidents) In the state of the st	or, in deaths from Injury and (2) Whether Ditals, Institutions, Tr
PARENTS M	nich employed or (employer)  RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MARIAL GEVEN  13 BIRTHPLACE OF MOTHER (State or Country)  Mariah  GENER  (State or Country)  Mariah  GENER  (State or Country)  Mariah  GENER  (State or Country)  Mariah	(Signed)	(Address) Must be ase Causing Death e (1) Means of Homicidal.  DENCE (For Hospidents) In the state of the sta	i, or, in deaths from Injury and (2) Whether the control of the co

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, 'Architect, Locomotive engineer, " etc., Forcman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Laborer-Coal minc, etc. Wom-Grocery;

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County County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Westmin Tho. 24	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
//- 2/ , 193/ (Month) (Day) (Year)	that   last saw halive on, 192,
7 AGE  Still borne   IfLESS than   I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Prove	hillon
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yremosde.
9 BIRTHPLACE (State or country)  Md-	Contributory Secondary  (Duration)
10 NAME OF FATHER S. O. S. Wishers	(Signed) M. C. Schmille M. D. 11-21 19231 (Address) Wishingth Lef
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mule L Menman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Ino. S, Wisner	Former or usual residence.
(Address) Wishmide by	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1931
15 Filed 1/2/ 1923/ Muss Curry Registral	To andertakes lies se Asstronde
If more branks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servary, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerman, (b) Automobile factory. The material without more precise specification as Day -Coal minc, etc. Wom-

EA.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Mcasles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart disease; The contributory " Shock," Measles ;

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

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County leaved to the county of		S	TATE C	OF MAR	YLAND-	CERTIFICATE	OF DEA	HTA	
Village or City Mulling of City of City Mulling of City Mullin	1. F	PLACE OF DEA	TH	0		(8)			13013
Village or City Mulling of City of City Mulling of City Mullin		County Loca	rrol	X			Registration	Dist. No. 75	
Langth of tesidence in city or town where death occurred. O. yrs. O. mos. O. ds. How long in U.S. N of tereign birth?  2. FULL NAME Body Governor Control of the control of		Village or City	ulle	10	md			St.	Ward
2. FULL NAME BOLLY GOLDEN (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX		Length of residence in ci	ity or town where	death occurred (					
(a) Residence: No.  (Usual place of shede)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Called  OR DIVORCED Centric New world  (Or) WHE of  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  O  O  The PRINCIPAL CAUSE OF DEATH  19 10 19  11 lest saw h. which work often as State Saw Year  19 10 19  11 lest saw h. which work often as State Saw Year  19 10 19  11 lest saw h. which work often as State Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  11 lest saw h. which work often as State Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  11 lest saw h. which work world at Saw Year  19 10 19  10 19  10 19  11 lest saw h. which work often as State Saw Year  10 10 19  11 lest saw h. which work world at Saw H. which work world at Saw Year  10 10 19  11 lest saw h. which work often as the date causes of importance:  21 Januarty or business in which work often at Saw Year  12 BIRTHPLACE (city or town). Auditory or business in which work world at Saw Year  13 Januare Or Love Year  14 BIRTHPLACE (city or town). Auditory or town o	2 5		Balen	am	300				
Cluse place of shode    PERSONAL AND STATISTICAL PARTICULARS	2. 1		_	900	_ 2	Ct Word	_	Me	
2. I HER EBY CERTIFY. That I attended deceased from 19 , to 19 . 19 . 19 . 19 . 19 . 19 . 19 . 19		(a) Residence. No		(Usual place	of abode)	St., Walu.	If nonresiden	t give city or town	and State
59. If married, interview, or divorced HUSBAID (Month)  50. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS, than to have occurred on the date stated above, at 1/2 p. m.  5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS, than to have occurred on the date stated above, at 1/2 p. m.  7. AGE Years Months Days If LESS, than to have occurred on the date stated above, at 1/2 p. m.  7. AGE Years Months Days If LESS, than to have occurred on the date stated above, at 1/2 p. m.  7. AGE Years Months Days If LESS, than to have occurred on the date stated above, at 1/2 p. m.  7. AGE Years Months Days If LESS, than the rest of the properties of th		PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICAT	E OF DEATH	1
HUSBAND OF (or) WIFE of 19 22. I HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	Fre	male on	lute			21. DATE OF DEATH	(Month)	2 / (Day)	, 193 <b>7</b> (Tear)
6. DATE OF BIRTH (month, day, and year)  7. AGE	H	USBAND of	orced						
7. AGE  Years  Norths  O  O  O  O  O  O  O  O  O  O  O  O  O	6. DAT	E OF BIRTH (month, day	y, and year)						
2. Trade, profession, or particular sind of work done as SPINNER, Monel SWYER BOOKKEPER etc.  9. Industry or business in which saywers as follows:  10. Deta deceased last worked at st. Will, SAW MILL, BANK, etc.  11. Total time (years) spent in this obsupation  12. BIRTHPLACE (city or town) will spent in this obsupation  13. MAME Oralloa Organical Systems of importance:  14. BIRTHPLACE (city or town) required of spent in this obsupation  15. MAIDEN NAME Alter R H are  16. BIRTHPLACE (city or town) scale of injury.  17. INFORMANT or allowed a spent in this obsupation of spent in this obsupation.  18. BURIAL (CEJIATION, DR REMDVAL Place Country)  19. UNDERTAKER A and Walks Asia.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  10. Date of onest.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  20. FILED ATT. 7. 3. 19.31. Mac. M. R. S. Dourse.  21. INFORMANT And T. M. R. S. Dourse.  22. Gigned).  23. Mac. M. B. M.			1	Days	If LESS than	to have occurred on the date state	ed above, at. [13	P. m.	
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work were done, as SILK MILL, SOW  10. Dete deceased last worked at this occupation (month and spent in this occupation (month and year)  11. Total time (years)  spent in this occupation (month and year)  spent in this occupation  Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Alte  R H and  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR REMDVAL  Place Amelians  Mand Dete Manage  19. UNDERTAKER  (Address)  Manage  24. Was disease or injury  Nature of injury		0	0	0		The PRINCIPAL CAUSE OF DEA' were as follows:	TH end related cau	ses of importance	Date elegant
Description  Name of operation  What test confirmed diagnosis?  West there an autopsy?  16. BIBTHPLACE (city or town)  (State or country)  What Description  What test confirmed diagnosis?  West there an autopsy?  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury &cur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.  Wanner of Injury  19. UNDERTAKER of only Walks Source  (Address)  Manner of Injury  Nature of Injury  19. UNDERTAKER of only Walks Source  (Address)  Manner of Injury  16. Specify  (Signed)  Manner of Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. B.	SCCUPATION	kind of work done, SAWYER, BODKKEE Industry or business in work wes done, as S SAW MILL, BANK, of Deter deceased last work	as SPINNER, PER, etc. which SILK MILL, etc.	soul oul   11. Total ti	ime (years)	Still 18	irth		
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17. INFORMANT OF Illivial County and State)  17. INFORMANT OF Illivial County and State)  18. BURIAL, CREMATION, DR REMOVAL Place discussors and Dete 2001, 23, 1931  19. UNDERTAKER facol Waiks Source (Address)		(State or country)	0.0			What test confirmed diagnosis?		Wes there	an autopsy?
18. BURIAL, CREMATION, DR REMOVAL  Place directors and Dete 2001, 23, 1931  19. UNDERTAKER facol Walss Seus (Address man elector and 11 fso, specify  20. FILED For 23, 1931 Mrs. N. R. S. Dance (Signed)  Manner of Injury  Nature of Injury  24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.		BIBTHPLACE (city or to (State or country)	lie R	eurs.	med yogh	Accident, sulcide, or homicide?	(Specify city o	Date of injury	, 19 State)
20. FILED Nor. 23, 1931 Mrs. Nr. R. S. Dancier (Signed) & M. Resh M. D.	18. BUF	RIAL, CREMATION, DR R	ro ma	1 Dete 2000	, 23 4 193/				
20. FILED JUT : VS 1931 11 N. WOLLOW	19. UNI		of W	ils.	Sous,		vay related to occu	pation of deceased?	
If more blanks are model adders Sur Parisman, N. Cl. J. C. D. L.	20. FIL	ED 707.23	1	M.R. S.S	Octube Registrar.	(Address)	nik	esh	l mas

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	===	Example II		
The principal cause of de of importance were as followed	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of coset	
Arteriosclerosis	meo A 103	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	ATT V.	July 5, 1927	Peritonitis	3 days ago	
	The state of the s				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN